

### Ability-to-Pay Worksheet – Payer Information

You are receiving this form because you have not been paying your child support. If you owe child support and do not pay it when you are supposed to, the court may hold a hearing to decide if you are in contempt of court for not following your court order.

To help the court decide if you are in contempt of court, the court will first need to find out why you are not paying your support. The questions on this form are important to help the court understand your ability to pay support. Any information you provide may be shared with the court and the other party on your case.

Please complete this form and bring it to your hearing.

Name: DONALD DAVID DOE JR Case No.: 2021-999999-DS  
Is this address correct? 123 W MAIN ST APT #2 WEST BLOOMFIELD HILLS, MI 48999-9999

[ ] Yes [ ] No (If no, enter new address below):

New Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ This phone is a: [ ] Smartphone [ ] Other Cell Phone [ ] Landline

Email: \_\_\_\_\_

#### INCOME

| Employment   | Employer<br>(Name, Address, Phone)                           | Start/End<br>Date         | Pay Type  | Monthly/Hourly<br>Amount and<br>Hours/Week |
|--|--|---------------------------|---|--|
| Current job<br><br>Occupation/Job Title:                   |  |                           | <input type="checkbox"/> Cash<br><input type="checkbox"/> Check<br><input type="checkbox"/> Direct Deposit<br><input type="checkbox"/> Other: _____ |  |
| Last job<br><br>Occupation/Job Title:                      |  |                           | <input type="checkbox"/> Cash<br><input type="checkbox"/> Check<br><input type="checkbox"/> Direct Deposit<br><input type="checkbox"/> Other: _____ |  |
| <b>Assistance</b>  | <b>Assistance Type</b>                                       | <b>Start/End<br/>Date</b> | <b>Amount for Each Assistance Type</b><br>If you applied but have not been approved, please indicate that below.                                    |  |
| State assistance (cash, SNAP/food, etc.)                   |  |                           |   |  |
| Other benefits (Workers' Compensation, Unemployment, etc.) |  |                           |   |  |
| Social Security  | <input type="checkbox"/> SSI<br><input type="checkbox"/> SSD |                           |   |  |

How do you support yourself (pay your bills)?

#### ASSETS

| Do you have/own?   | Yes | No | Where is it located<br>(address)? | Number/Model/<br>Name | Value/Owed |
|--|-----|----|-----------------------------------|-----------------------|------------|
| Bank account   |     |    |                                   |                       |            |
| House  |     |    |                                   |                       |            |
| Land or other property                                     |     |    |                                   |                       |            |
| Car, truck, motorcycle, or other vehicle (boat, ATV, etc.) |     |    |                                   |                       |            |
| Other assets (pension, settlement income, etc.)            |     |    |                                   |                       |            |

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| EDUCATION AND TRAINING                                 |     |    |          |
|--|-----|----|----------|
| Do you have (check all that apply)?                    | Yes | No | Explain: |
| Reading/Writing difficulty                             |     |    |          |
| Learning disability and/or special education in school |     |    |          |
| Computer skills  |     |    |          |
| Professional licenses/certifications                   |     |    |          |
| A high school diploma or GED                           |     |    |          |
| Some college or Associate's Degree                     |     |    |          |
| A college degree (Bachelor's, Master's or Doctorate)   |     |    |          |
| Trade school training                                  |     |    |          |

| PERSONAL BACKGROUND  |     |    |          |
|--|-----|----|----------|
| Please answer these questions:   | Yes | No | Explain: |
| Are you married?   |     |    |          |
| Do you rent? If yes, how much is your rent? If no, explain where you live.                                     |     |    |          |
| Do you have a driver's license? If the license has ever been suspended, please explain.                        |     |    |          |
| Do you have access to a vehicle or other reliable transportation?  |     |    |          |
| Have you had a recreational license or permit in the last two years?   |     |    |          |
| Are you a veteran?   |     |    |          |
| Have you been incarcerated? If yes, please list the approximate entry and release dates and facility.          |     |    |          |
| Are you on probation (or parole)?  |     |    |          |
| Do you owe court costs, fines, fees, or restitution? If yes, how much?   |     |    |          |
| Do you have access to the Internet?  |     |    |          |
| Do you have medical problems affecting your ability to work? If yes, explain if you are under a doctor's care. |     |    |          |
| Have you been hospitalized in the past six months?   |     |    |          |
| Do you have past or present alcohol/drug use issues?   |     |    |          |
| Have you been in any substance abuse or mental health treatment center in the last two years?                  |     |    |          |
| Do you owe other debts (credit cards, medical bills, etc.) or judgments? If yes, how much?                     |     |    |          |

I declare the statements in this form are true and complete to the best of my knowledge, information, and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_